

Customer Name	MRS.THARANI AISWARIA M	Customer ID	MED111598190
Age & Gender	34Y/FEMALE	Visit Date	08/04/2023
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 157.5 cms
Weight : 78.8 kg
BMI : 31.7 kg/m²

BP: 110/70 mmhg
Pulse: 78/ min, regular

Systemic Examination:

CVS: S1 S2 heard;
RS : NVBS +.
Abd : Soft.
CNS : NAD

Blood report:

ESR- 44 mm/hr- Slightly elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis – Within normal limits.

Echo – Normal study.

ECG – Abnormal ECG.

USG whole abdomen – Cholelithiasis.

Eye Test – Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/18
Near Vision	N6	N6
Colour Vision	Normal	Normal



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Impression & Advice:

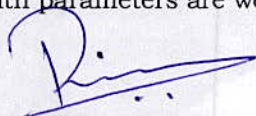
ESR- 44 mm/hr- Slightly elevated. To consult general physician for further evaluation and management.

ECG – Abnormal ECG – To consult cardiologist for further evaluation.

USG whole abdomen – Cholelithiasis. To consult a gastroenterologist for further evaluation and management

Eye Test – Distant vision defect. To consult an ophthalmologist for further evaluation and management.

All other health parameters are well within normal limits.



DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S., FDM
Reg. No: 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.



Name : Mrs. THARANI AISWARIA M
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Investigation

Observed Value

Unit

Biological Reference Interval

BLOOD GROUPING AND Rh TYPING


'O' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.9	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.98	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	80.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	25.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.4	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	38.97	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	35.5	%	20 - 45


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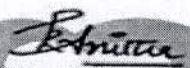


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.9	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.2	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.56	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.34	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.19	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.48	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	369	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.3	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	44	mm/hr	< 20



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	14.18		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	95.3	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	110.7	mg/dL	70 - 140
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INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.5	mg/dL	7.0 - 21
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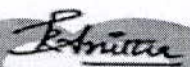
Creatinine (Serum/Modified Jaffe)	0.74	mg/dL	0.6 - 1.1
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.5	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.40	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.28	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.5	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	72.5	U/L	42 - 98
Total Protein (Serum/Biuret)	7.46	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.09	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.37	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.21		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	163.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	55.1	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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Observed Value Unit

Biological Reference Interval

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol
(Serum/Immunoinhibition) **52.0** mg/dL
 Optimal(Negative Risk Factor): ≥ 60
 Borderline: 50 - 59
 High Risk: < 50

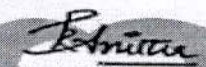
LDL Cholesterol
(Serum/Calculated) **100.4** mg/dL
 Optimal: < 100
 Above Optimal: 100 - 129
 Borderline: 130 - 159
 High: 160 - 189
 Very High: ≥ 190

VLDL Cholesterol
(Serum/Calculated) **11** mg/dL
 < 30

Non HDL Cholesterol
(Serum/Calculated) **111.4** mg/dL
 Optimal: < 130
 Above Optimal: 130 - 159
 Borderline High: 160 - 189
 High: 190 - 219
 Very High: ≥ 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio
(Serum/Calculated) **3.1**
 Optimal: < 3.3
 Low Risk: 3.4 - 4.4
 Average Risk: 4.5 - 7.1
 Moderate Risk: 7.2 - 11.0
 High Risk: > 11.0



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Investigation	Observed Value	Unit	Biological Reference Interval
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.1	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose (Whole Blood)	99.67	mg/dL
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

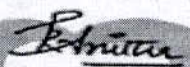
THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.24	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.



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Investigation

T4 (Tyroxine) - Total
(Serum/Chemiluminescent Immunometric Assay (CLIA))

Observed Value

Unit

Biological Reference Interval

8.06

µg/dl

4.2 - 12.0

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone)
(Serum/Chemiluminescent Immunometric Assay (CLIA))

3.39

µIU/mL

0.35 - 5.50

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR

(Urine)

colorless

Yellow to Amber

APPEARANCE

(Urine)

Clear

Clear

Protein

(Urine/Protein error of indicator)

Negative

Negative

Glucose

(Urine/GOD - POD)

Negative

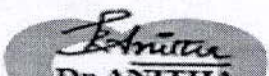
Negative

Pus Cells

(Urine/Automated - Flow cytometry)

0 - 1 /hpf

NIL



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Epithelial Cells (Urine/Automated - Flow cytometry)	0 - 1	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



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DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

**ECHO INDICATION: Assessment
M MODE & 2-D PARAMETERS:**

ACOUSTIC WINDOW : GOOD

LV STUDY

IVS(d)	cm	1.0
IVS(s)	cm	1.0
LPW(d)	cm	1.0
LPW(s)	cm	1.0
LVID(d)	cm	4.7
LVID(s)	cm	3.1
EF %		66
FS %		36

DOPPLER PARAMETERS

Parameters		Patient Value
LA	cm	3.1
AO	cm	3.0

Valves	Velocity max(m/sec mm/Hg)
AV	0.96
PV	0.67
MV €	0.67
(A)	0.56
TV €	0.41

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 66 %).
- ❖ No regional wall motion abnormality.
- ❖ No diastolic dysfunction.
- ❖ Trivial Mitral regurgitation / Trivial Tricuspid Regurgitation – 2.0 m/s .
- ❖ Normal chambers dimension.
- ❖ Structurally valves are normal.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

- ▶ **NORMAL LV SYSTOLIC FUNCTION.**
- ▶ **NO REGIONAL WALL MOTION ABNORMALITY.**

**MOHANRAJ
ECHO TECHNOLOGIST**



Medall Healthcare Pvt Ltd
 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled. Multiple calculi (2 - 4 mm in size) noted in lumen of gall bladder.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 8.9 x 4.4 cm.

The left kidney measures 10.5 x 4.4 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 7.1 x 2.3 cm.

Myometrial echoes are homogeneous. The endometrial thickness is 4.4 mm.



Customer Name	MRS. THARANI AISWARIA M	Customer ID	MED111598190
Age & Gender	34Y/FEMALE	Visit Date	08/04/2023
Ref Doctor	MediWheel		

The right ovary measures 2.7 x 1.4 cm.

The left ovary measures 2.1 x 1.5 cm.

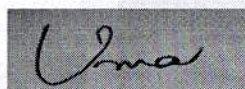
No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Cholelithiasis (Multiple).**



**DR. UMALAKSHMI
SONOLOGIST**



Medall Healthcare Pvt Ltd
 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

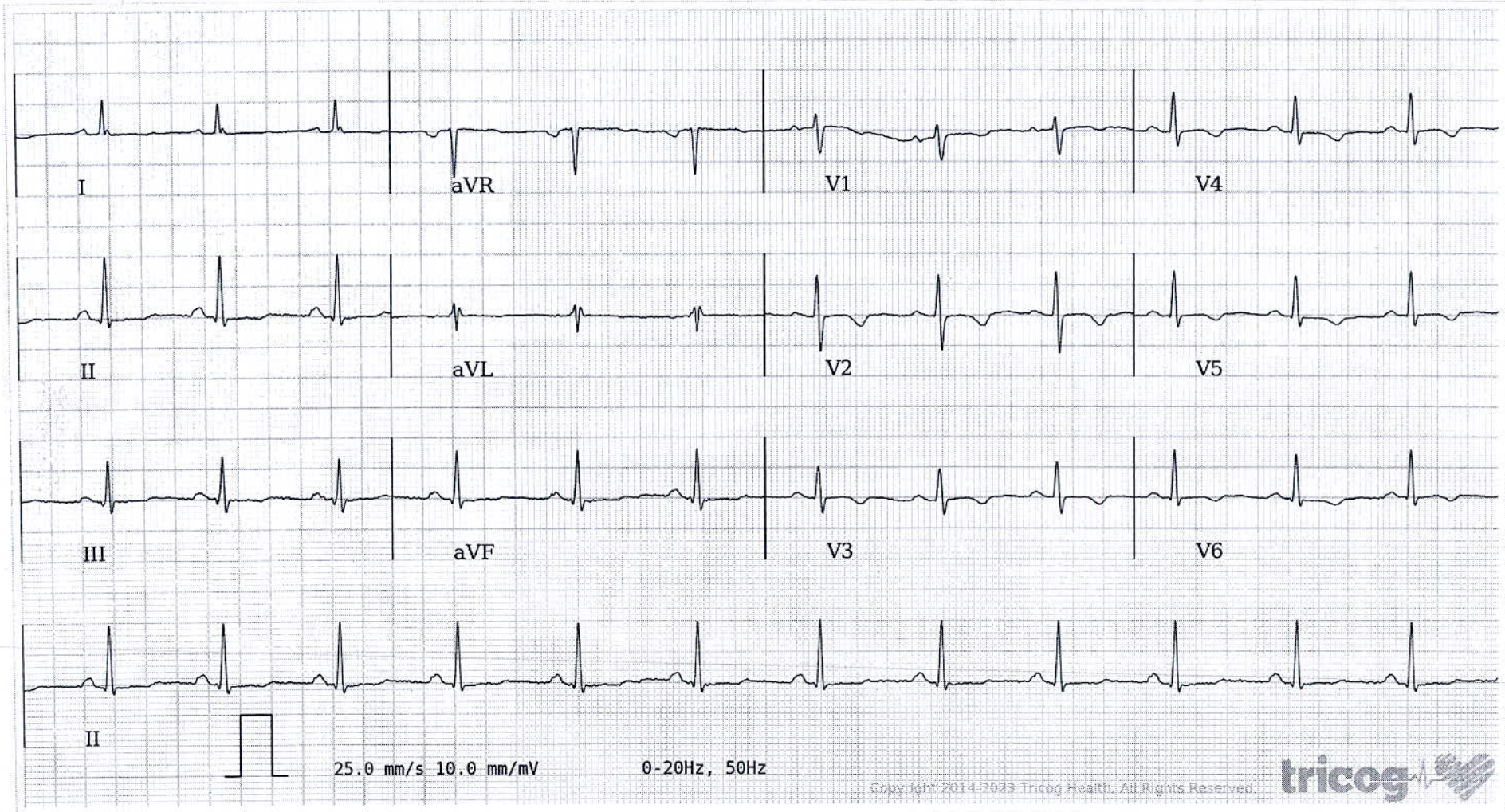
Customer Name	MRS.THARANI AISWARIA	Customer ID	MED111598190
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Age / Gender: 34/Female
Patient ID: Med111598190
Patient Name: Mrs tharani aiswariya m

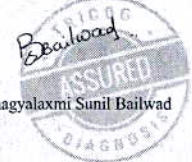
Date and Time: 8th Apr 23 12:23 PM



AR: 78bpm VR: 78bpm QRSD: 80ms QT: 364ms QTcB: 415.02ms PRI: 156ms P-R-T: 66° 61° -90°

Sinus Rhythm, Anterior Ischemia suspected. T wave inversions in anterior chest leads is a normal variant in females, however, please rule out ischemia. Please correlate clinically.

REPORTED BY



Dr. Bhagalaxmi Sunil Bailwad